

# EXHIBIT N



**Secretary of State  
Statement of Information  
(Limited Liability Company)**

LLC-12

20-C45519

**FILED**

In the office of the Secretary of State  
of the State of California

**IMPORTANT — Read instructions before completing this form.**

**Filing Fee – \$20.00**

**Copy Fees** – First page \$1.00; each attachment page \$0.50;  
Certification Fee - \$5.00 plus copy fees

JUN 18, 2020

**This Space For Office Use Only**

<b>1. Limited Liability Company Name</b> (Enter the exact name of the LLC. If you registered in California using an alternate name, <a href="#">see instructions</a> .)  ZORO X, LLC	
<b>2. 12-Digit Secretary of State File Number</b> 202016310197	<b>3. State, Foreign Country or Place of Organization</b> (only if formed outside of California) CALIFORNIA

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box 1150 Folsom Street, Unit 1	City (no abbreviations) San Francisco	State CA	Zip Code 94103
b. Mailing Address of LLC, if different than item 4a 72 Ralston Road	City (no abbreviations) Atherton	State CA	Zip Code 94027
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 1150 Folsom Street, Unit 1	City (no abbreviations) San Francisco	State CA	Zip Code 94103

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A ([see instructions](#)).

a. First Name, if an individual - Do not complete Item 5b Amanda	Middle Name M.	Last Name Minami	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 72 Ralston Road	City (no abbreviations) Atherton	State CA	Zip Code 94027

**6. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State CA	Zip Code

**CORPORATION** – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

**C T CORPORATION SYSTEM (C0168406)**

**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company  
Investments

**8. Chief Executive Officer, if elected or appointed**

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State CA	Zip Code

**9. The Information contained herein, including any attachments, is true and correct.**

06/18/2020

Susan Favorito

Agent

Date

Type or Print Name of Person Completing the Form

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS BEFORE COMPLETING](#).)

Name: 

1

Company:

Address:

City/State/Zip: 

J



**Attachment to  
Statement of Information  
(Limited Liability Company)**

**LLC-12A  
Attachment**

20-C45519

**A. Limited Liability Company Name**

ZORO X, LLC

This Space For Office Use Only

**B. 12-Digit Secretary of State File Number**

202016310197

**C. State or Place of Organization** (only if formed outside of California)

CALIFORNIA

**D. List of Additional Manager(s) or Member(s)** - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name David	Middle Name K.	Last Name Chao	Suffix
Entity Name			
Address 72 Ralston Road	City (no abbreviations) Atherton		State CA
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)		Zip Code
First Name	Middle Name	Last Name	
Entity Name			
Address	City (no abbreviations)		State
First Name	Middle Name	Last Name	
Entity Name			
Address	City (no abbreviations)		Zip Code
First Name	Middle Name	Last Name	
Entity Name			
Address	City (no abbreviations)		State
First Name	Middle Name	Last Name	
Entity Name			
Address	City (no abbreviations)		Zip Code
First Name	Middle Name	Last Name	
Entity Name			
Address	City (no abbreviations)		State
First Name	Middle Name	Last Name	
Entity Name			
Address	City (no abbreviations)		Zip Code